



Healthy London
Partnership

directors of
adass
adult social services

Urgent and Emergency Care Improvement Collaborative

1 August 2017

Supported by and delivering for:



Public Health
England

NHS

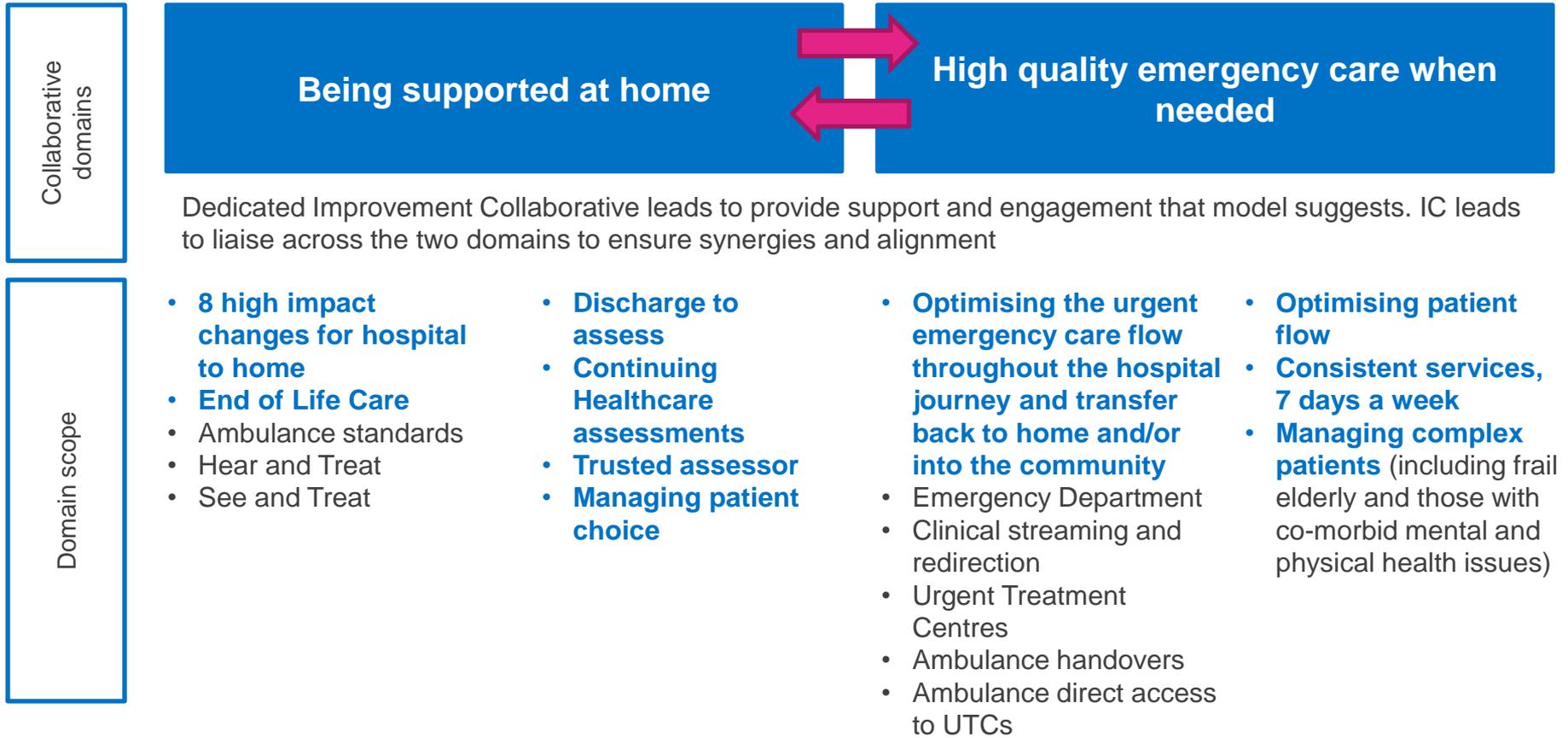
SUPPORTED BY
MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Scope of the collaborative

Overarching UEC Improvement Collaborative

Focuses on the rigour and fidelity to improvement methodologies, as well as a safe space for discussing challenges and barriers to impact.



Areas bolded are the predominant focus of the collaborative with other areas touched on as part of whole system consideration

Improvement collaborative offer

The collaborative has been designed in line with evidence of best practice in securing improvement and aims to:

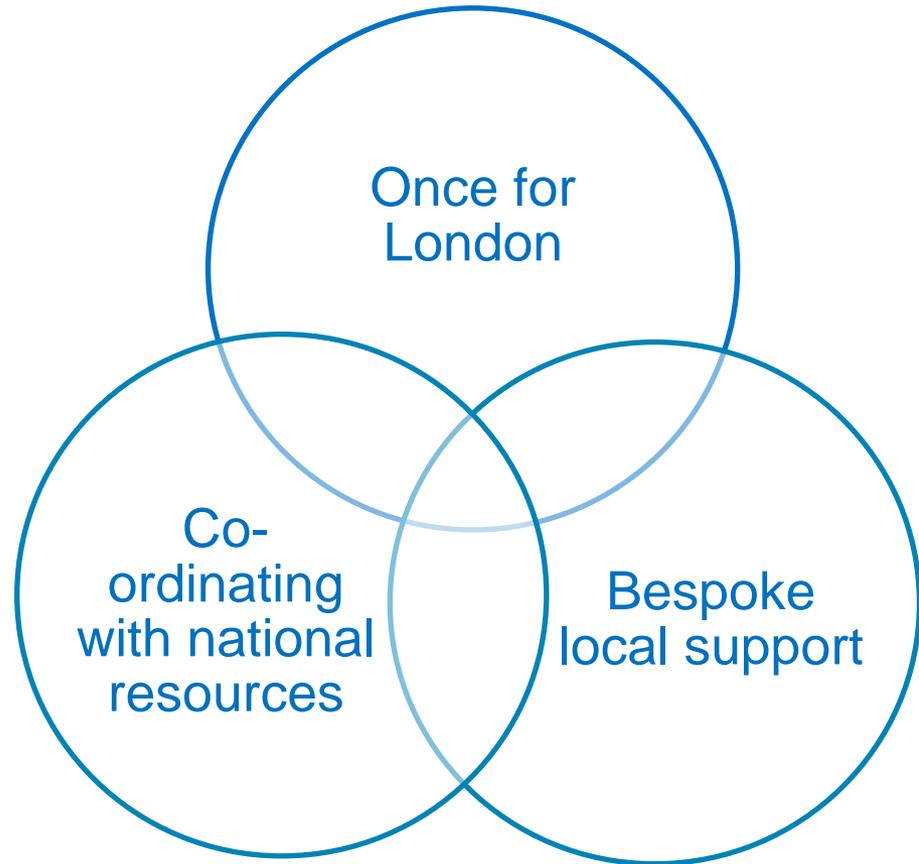
- **Develop a culture of continuous improvement** with patients, carers and the public at its heart
- **Empower leadership** in local health and care systems
- **Build capacity and capability for quality improvement** in a supportive environment
- **Provide evidence based exemplar practice** supported by data
- **Provide peer support and challenge** across local systems
- **Provide contextually relevant tools and techniques** and develop improvement capabilities and knowledge in local systems through:
 - **Online learning** resources
 - Quality improvement **coaching**
 - **Learning together**
- Provide **data and information analysis and presentation** that supports evidence based improvement and improves the patient journey (flow) seven days a week
- **Develop discipline and rigour around using data for diagnosis, action planning and measuring improvement** – programme provided to ensure automation and standardisation across all acute sites

Three elements to the offer

Once for London: learning sessions, collaborative events and improvement tools that can be used by any system across London

Bespoke local support: specific activities with systems (starting at A&E board level but may go more local) based on their specific needs

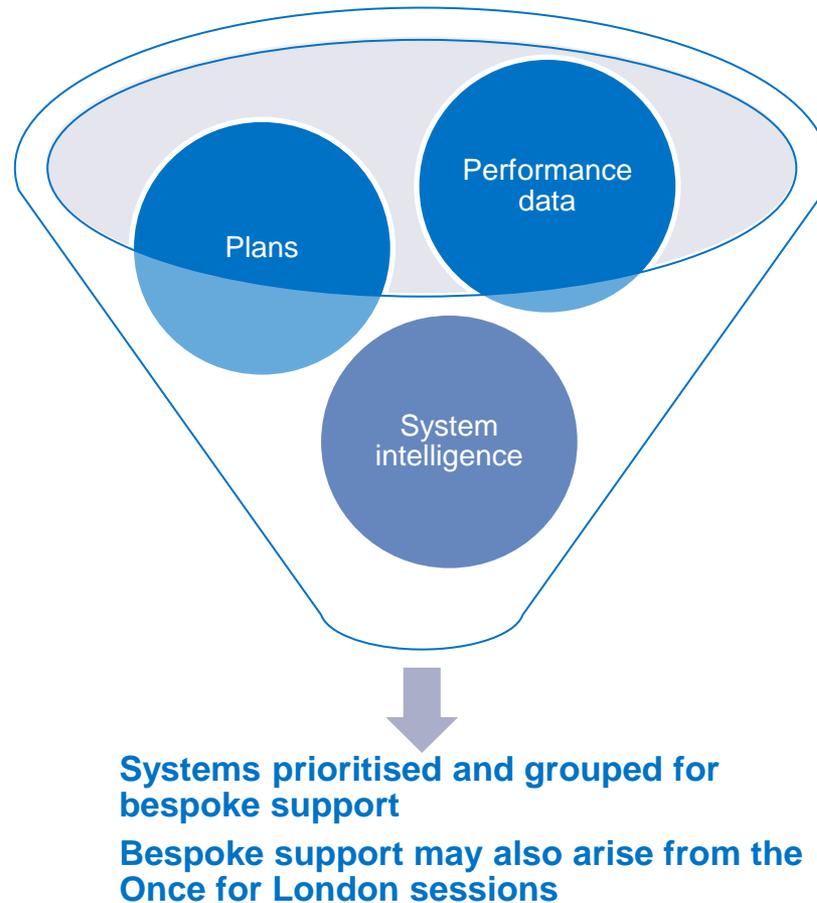
Co-ordinating with national resources: ensuring that the IC offer complements national offers



Provide support where it is needed most

Develop a 'smart' list of where systems are – and where we should focus based on:

- **Performance data** from: London monthly performance report, Acute winter planning, EOL data, TPMO STP reporting
- **Plans** including: STP Delivery Plans (particularly UEC Delivery Plan and Primary Care Plan), BCF plans
- **System intelligence** from: BCF managers, STP and AEDB colleagues; existing bespoke support (D2A), other NHS E / I London colleagues (DCOs/DIDs), offers from partners (ECIP, LGA, ADASS, National BCF)



Design principles for all the work we do

Grounded in delivery and practice

Inclusive: equality and equity of voices in the room

Practical: making the time count – and making it valuable for everyone

Supportive: about building capacity and capability

Honest: acknowledging and honouring where people are

IC launch event: what we heard about the system

Challenges

- Too many cooks/ lack of focus/ constant change
- Financial: constraints & moving money around
- Workforce: recruitment and retention
- Consistency & dedication
- Ensuring a single, shared vision & its understanding
- Prioritisation difficulties: differing priorities, time demands of initiatives, pace
- Time: lack of to focus on improvement
- Frailty
- Greater public awareness
- Sharing effectively: resources, practices & capabilities
- Complexity of the system
- Data challenges: complex metrics, not joined up
- Communication: between acute & social care
- Keeping pace with increasing demand
- Space & opportunity to facilitate change: Individuals, teams and systems
- Perversity of current initiatives that don't work
- Patient expectation and changing patient behaviour

Opportunities

- Patients & staff want it!
- Support & buy in from London! Belief in change!
- Working together and cross speciality learning
- An agreed system wide, single, shared vision
- Personal and organisational commitment to make a change
- Data: one unified approach for capturing data
- Equity of sharing ideas and practice. No limits to exploring ways & means to achieve outcomes
- A collaborative that involves all parties.
- Shared learning on a level-playing field, i.e. all members treated as equal
- Leadership commitment at all levels across health & social care economy
- Reducing duplication & freeing up people to do their jobs
- Shared passion for improving patient care and embracing new ways of working.
- Listening to patients
- Technology
- Breaking organisational barriers
- Time: to test, trial, pilot, engage, embed

Our approach as a social movement

The fundamental principle of the UEC ambition is that we need to create ever increasing momentum, and momentum is defined as:

Momentum = mass x velocity: (i.e. **number of people x interactions / actions**)

Therefore, activities need to be scheduled in a way that continuously and consistently increase the number of people the UEC improvement collaborative is reaching, whilst simultaneously increasing the number of ways there are for people to interact with the programme and/or undertake action.

The Power of One The Power of Many: bringing social movement thinking to health and healthcare improvement (Bibby et al, 2009) defines five principles to creating social movements in health that work sequentially and circularly:

- (1) Make change a personal mission;
- (2) Frame to connect with hearts and minds;
- (3) Energise and mobilise;
- (4) Organise for impact; and
- (5) Keep forward momentum.

The UEC Improvement Collaborative plans to implement an approach to communications and participation that takes as many people as possible through these stages.

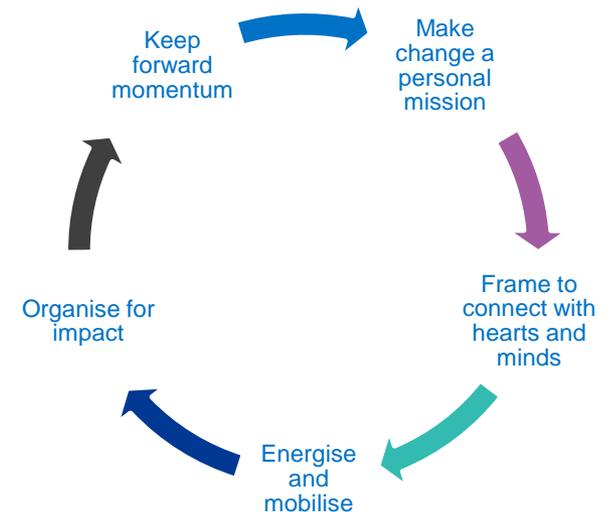


Fig. 1 five principles to creating social movements in health

UEC Improvement Collaborative activity

The key elements of the Improvement Collaborative are drawn from evidence, developed through engagement and timed to ensure pace and early support to challenged systems.

4 July 2017

20 Sept 2017

17 Dec 2018

13 Mar 2018

July 2018

Oct 2018

Pan-London Events

Launch Event 1

Collaborative Event 2

Collaborative Event 3

Collaborative Event 4

Collaborative Event 5

Collaborative Event 6

System action periods

Between events there will be 3 month system action periods taking learning from events, applying this to improvement areas locally and feeding back at the next event.



Action periods will be supported throughout by the central collaborative functions and activity including:

- Learning sessions
- Online learning resources
- Quality improvement tools, techniques and coaching deployed

System peer visits



System peer visits **scheduled throughout the life cycle of the Improvement Collaborative.** The scope of visits is the whole system – **in and out of hospital.**

Establishing exemplar practice

Facilitative diagnostic visits

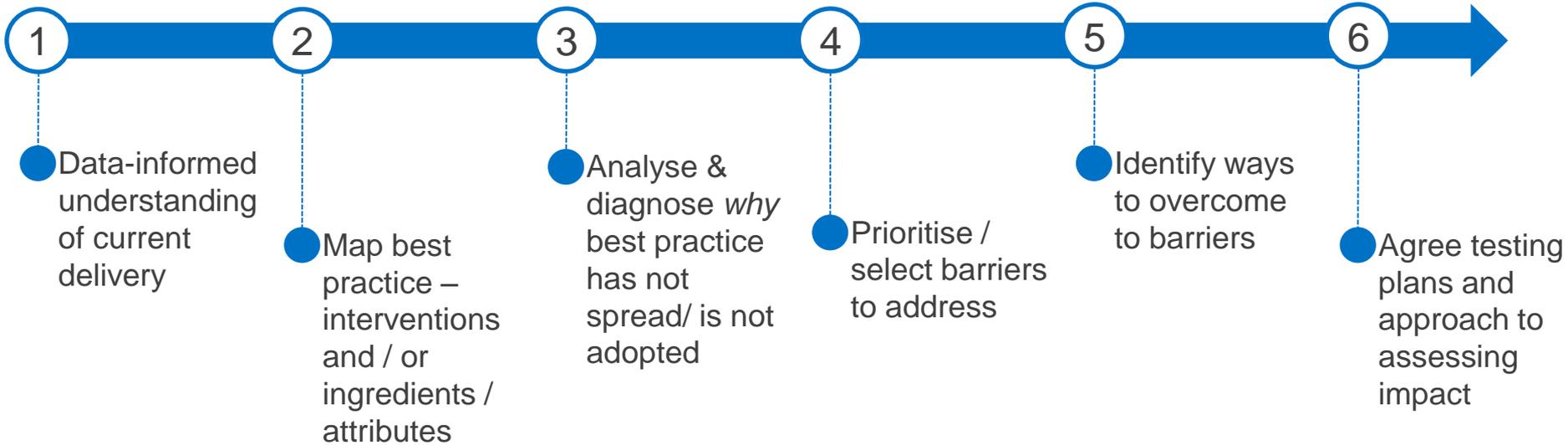
System action periods: Support

System Action Periods

Collaborative events will provide a space for local systems to begin to develop action plans for improvement relevant to their own system and informed by data. These **action plans will be taken forward locally in System Action Periods and local systems will be supported by a number of resources:**

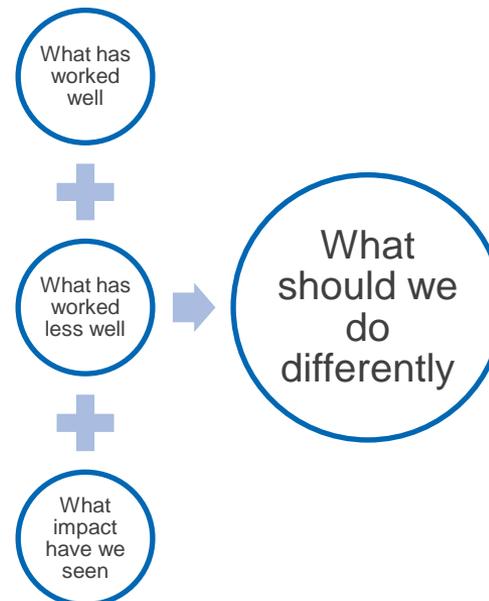
- **E-learning resources** to strengthen improvement capability by equipping local systems with the latest skills and redesign techniques
- Improvement facilitators and clinical and professional leads will be aligned to local systems to facilitate the **sharing of exemplar practice and learning across local systems and to support unlocking any barriers faced**
- **Building collaborative peer networks** – problem solve, learn from each other, and receive ideas and be inspired, provide peer support and challenge.
- **Improvement coaching** for local systems – flexing to meet local needs
- A **range of learning sessions** will also take place during system action periods. These learning sessions will be aligned to national expectations.

Developing ideas to test and learning sessions



Learning sessions

- To understand the data to diagnose issues and measure improvement
- To surface what has and hasn't worked
- Refine what is being tried and iterate. In some cases this may include developing ideas and plans around another barrier.



System peer visits

Exemplar sites: Visits to exemplar sites are being organised through July, August and September.

Purpose of visit:

- **Deep dive into the performance, admission and discharge data** to understand flow and stability and sustainability of the system
- **Discussion with multidisciplinary team** to understand intervention that led to improvements
- **Garner support for the Improvement Collaborative** and sharing their journey to inspire and support other systems

Deep dives: Deeper diagnostic peer visits will be planned, based on methods developed over the last decade to support improvements in the quality of care for patients requiring urgent or emergency care. The collaborative system peer visits would **focus** on:

- **Data sharing and analysis** – using information obtained and analysed from existing data sets
- **Patient pathway walk-through ‘diagnostic’** - designed as a diagnostic peer support walk through covering the Emergency Department, Acute Medical and Surgical unit and selected inpatient medical and surgical wards as well as associated support services, site management and discharge team arrangements.
- **Focus on out of hospital care systems and processes** and how they support whole system flow
- **Discussion with collaborative members regarding challenges and barriers**
- **System feedback** - on the same day local feedback provided by members of the peer visit team based on high level local system performance data and initial reflections from the patient pathway walk-through and discussion

Next steps

20 September event

- Mental Health: getting urgent and emergency care right for Londoners who face a mental health crisis
- The weekend: ensuring services are as available and responsive on the weekend as they are during the week
- Acute discharge: making sure people who are well are able to go home – quickly and with the right support

The event will also give you a chance to explore some of the underlying drivers of sustainable success including:

- Empowering patients
- Ensuring long term sustainable success
- Using data for improvement including a chance to have a tailored data drop-in session